

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(11) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 7-3101	(12) MULTIPLE CONSTRUCTION: A. BUILDING _____ B. WING _____		(13) DATE SURVEY COMPLETED 04/27/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (TNC)			STREET ADDRESS, CITY, STATE, ZIP CODE 23 SECOND STREET MONTEAGLE, TN 37359		
(14) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(15) COMPLETE DATE	
N 000	Initial Comments An annual Licensure survey and complaint investigation #27107 were completed on April 27, 2011. No deficiencies were cited related to the complaint investigation #27107 under Chapter 1200-8-6, Standards for Nursing Homes.	N 000			
N 705 SS=D	1200-8-6-.06(4)(cc) Basic Services (4) Nursing Services. (cc) A registered nurse may make the actual determination and pronouncement of death under the following circumstances: 1. The deceased was a resident of a nursing home; 2. The death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. Such agreement by the attending physician or nursing home medical director must be present with the deceased at the place of death; 3. The nurse is licensed by the state; and, 4. The nurse is employed by the nursing home in which the deceased resided. This Rule is not met as evidenced by: Based on medical record review, review of facility policy, and interview, the facility failed to ensure pronouncement of death by an RN (Registered Nurse) for two residents (#25 and #24) of three closed (resident) records reviewed. The findings included:	N 705	N 705 1200-8-6-.06(4)(cc) Basic Services A registered nurse may make the actual determination and pronouncement of death under the following circumstances: The deceased was a resident of a nursing home; the death was anticipated, and the attending physician or nursing home medical director has agreed in writing to sign the death certificate. The nurse is licensed by the state; and, the nurse is employed by the nursing home in which the deceased resided. Residents affected or potentially affected: Residents who die in the facility could potentially be affected. Systemic Change: An RN will be assigned to be on call and available to come to the facility to pronounce death twenty four hours a day. Licensed staff will be in-serviced regarding the State Regulation concerning Pronouncement of Death. LPN Staff will be in-serviced on the importance of calling an RN to come into the facility in the event of a resident's death to pronounce, in order to be in compliance State Regulations. DON/designee will assign an RN throughout the week and review assignment in clinical meeting.	5-27-11 MDW	

Division of Health Care Facilities

TITLE

(16) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Michael Ward Administrator 5-18-11

STATE FORM

6099

HBLF11

If continuation sheet 1 of 3

PRINTED: 05/08/2011
FORM APPROVED

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(C1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1042101	(C2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(C3) DATE SURVEY COMPLETED 04/19/2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (AGE)		STREET ADDRESS, CITY, STATE, ZIP CODE 29 BRIDGE STREET MONTEAGLE, TN 37138			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 705	<p>Continued From page 1</p> <p>Resident #25 was admitted to the facility on May 13, 2009, with diagnoses including Alzheimer's Disease and Senile Delusions.</p> <p>Medical record review of the nursing notes written by an LPN (Licensed Practical Nurse) dated March 21, 2011, revealed "12:22 AM...Pupils fixed, no pulse, no respirations. Post mortem care provided. 12:28 AM...NP (Nurse Practitioner) notified of pts (patient's) death..."</p> <p>Review of the facility's policy Death/Pronouncement/Autopsy (no policy number) effective December 2010, revealed "The following policy is applicable only in those situations where a licensed physician is not present in the health care facility at the time of death: Per State law, the licensed nurse may or may not be allowed to make this determination. Therefore, follow the appropriate State Licensure Law...The licensed practical nurse, in the absence of a registered nurse on the unit, observes and records the change and/or cessation of the resident's vital signs and reports these findings immediately to the attending physician..."</p> <p>Interview with the Director of Nursing on April 27, 2011, at 11:25 a.m., in the conference room, confirmed the facility does not have an RN available on night shift; the LPNs take vital signs and call the Nurse Practitioner who pronounces death via telephone. Further interview confirmed the Nurse Practitioner was not immediately notified of the resident's death, but after post mortem care was provided.</p> <p>Resident #24 was admitted to the facility on May 12, 2009, with diagnoses including Alzheimer's</p>	N 705	<p>Monitoring Change:</p> <p>Any deaths occurring in the facility will be reviewed during the Clinical Meeting; Deaths occurring in the facility will be discussed in QA monthly X 3 months.</p>		

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 1-8101	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 0-11-2011
NAME OF PROVIDER OR SUPPLIER BRIDGE AT MONTEAGLE (THE)		STREET ADDRESS, CITY, STATE, ZIP CODE 28 SECOND STREET MONTEAGLE, TN 37380			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
N 705	<p>Continued From page 2</p> <p>Disease, Hypertension, Diabetes Mellitus, Adult Failure to Thrive, Chronic Ischemic Heart Disease, and Atrial Fibrillation.</p> <p>Medical record review of the advanced directive dated May 21, 2009, revealed "...Do Not Attempt Resuscitation (DNR/no CPR)...Comfort Measures...No IV (intravenous) fluids...No feeding tube..."</p> <p>Medical record review of a nurse's note per a Licensed Practical Nurse (LPN) dated April 12, 2011, at 10:55 p.m., revealed "...This Nurse and CNA (Certified Nurse Aide) entered room to provide care to pt (patient). Noted pt to be very pale, no visible respirations present. Nurse assessed vital signs-no B/P (blood pressure), no pulse, no respirations (respirations). FNP on call and notified. Resident pronounced deceased through FNP..."</p> <p>Interview with FNP #1, on April 27, 2011, at 10:30 a.m., in the Admissions/Marketing Director's office, confirmed the resident's death was pronounced by a Licensed Practical Nurse and FNP #1 was notified to confirm the death via telephone.</p>	N 705			